

Case Number:	CM15-0016400		
Date Assigned:	02/04/2015	Date of Injury:	12/17/2012
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/28/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44-year-old male who reported an injury on 12/17/2012. The mechanism of injury to the injured worker was lifting a heavy piece of wood, weighing 40 to 50 pounds, and trying to stack it next to the level and he was on the second level, and the wood was approximately 12 feet high when he placed another piece of wood on top, and the 1 underneath came down and injured the injured worker's right upper extremity. The surgical history included a right lateral epicondylar release. The injured worker underwent an arthroscopic debridement and excision of the flaps of the triangulofibrocartilage complex on the right wrist and a synovectomy on 01/09/2015. The most recent documentation submitted for review was dated 10/29/2014 and was prior to surgical intervention. There was a lack of documentation requesting an exercise kit.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Wrist exercise kit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Exercise Equipment.

Decision rationale: The Official Disability Guidelines indicate that exercises are recommended; they further indicate that exercise equipment is not considered primarily medical in nature. They therefore would not be a covered medical item. The request as submitted failed to indicate the specific pieces of equipment being requested in the wrist exercise kit. There was a lack of a documented rationale for a necessity for a wrist exercise kit. Given the above, the request for a wrist exercise kit for purchase is not medically necessary.